

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent #	101049272	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing		1	06 Feb 01
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$
		8 TO BE REFUNDED BY:	24/01
<input checked="" type="checkbox"/> Overpayment		Treasury Check	24
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	
9. No Fee Due (Explanation): Deep Video Imaging LTD. Airport Rd. Rde - Mystery Creek New Zealand		Attn: -Gretell Bell	
10. REASON: <input checked="" type="checkbox"/> Overpayment			
11. REFUND REQUESTED BY: TYPED/PRINTED NAME: V. WALLACE		TITLE: Payable	
SIGNATURE: Noyda Wallace		PHONE: 505-373-6	
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>Henry Phillips</u> DATE: 5/10/02			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B